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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Christopher M. Herring et al.

Title: SYSTEM AND METHOD FOR CONCURRENT WIRELESS VOICE
AND DATA COMMUNICATIONS

App. No.: 09/477,876 Filed: 01/05/2000

Examiner: Soon D. Hyun Group Art Unit: 2663

Customer No.: 34456 Confirmation No.: 9857

Atty. Dkt. No.: 1458-P04658

Mail Stop Amendment
Commissioner for Patents
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RESPONSE TO OFFICE ACTION

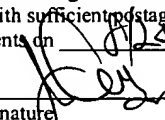
Technology Center 2600

Dear Sir:

In response to the Office Action mailed June 1, 2004, please amend the above-identified application as follows:

Claim Amendments begin on page 2.

Remarks begin on page 7.

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Judy Carey	
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/477,876	
	Filing Date	01/05/2000	
	First Named Inventor	Christopher M. HERRING	
	Art Unit	2663	
	Examiner Name	Soon D. HYUN	
Total Number of Pages in This Submission	11	Attorney Docket Number	1458-P04658

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please Identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	Return Receipt Postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
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<input type="checkbox"/> Response to Missing Parts/Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Ryan S. Davidson, Reg. No. 51,596
Signature	
Date	August 24, 2004

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Signature	
Date	8/24/04

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